

FEB 16 14/98

## CERTIFICATE OF MAILING

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Typed or Printed Name	Andrea S. Beck		
Signature		Date	January 20, 2000

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Attorney Docket	SUN-155P
First Named Inventor	Alan F. Schatzberg
Application Number	09/244,457 FEB 03 2000
Filing Date	February 4, 1999
Group Art Unit	1614 CENTER 1600/2800
Examiner Name	W. Jarvis
Title	Methods for Treating Psychosis.....

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Issue Fee Transmittal (with copy of PTOL-85B)	<input type="checkbox"/> Request for Refund
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> After Allowance
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip and	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Accompanying Petition	<input type="checkbox"/> of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional	<input type="checkbox"/> Appeal Communication to
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Application	<input type="checkbox"/> Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Information Disclosure	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Proprietary Information
Statement, 1449 and	<input type="checkbox"/> Revocation	<input type="checkbox"/> Status Letter
<u>22</u> references	<input type="checkbox"/> Associate	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority	<input type="checkbox"/> Change of Correspondence	<u>Return Postcard</u>
Document(s)	<input type="checkbox"/> Address	<input type="checkbox"/> Check for \$240.00
<input type="checkbox"/> Response to Missing Parts/	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Exhibits 1-4
Incomplete Application	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> 132 Declaration
<input type="checkbox"/> Response to Missing Parts under		
37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Bret Field	Registration No.	37,620
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	1/20/00 FEB 03 2000		

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